

JAMES F. BROWN
Mayor



MARK DOMENICO
Director

DEPARTMENT OF CODE ENFORCEMENT

ROME CITY HALL, 198 N. WASHINGTON STREET

ROME, NEW YORK 13440-5815

Telephone: (315) 339-7642 Fax: (315) 339-7638

www.romenewyork.com

APPLICATION FOR PLUMBING EXAMINATION

Instructions

- 1) Type or print in ink
- 2) Two (2) Affidavits of Good Moral Character and two (2) Affidavits of Employment (plumbing employment only) must be completed and submitted along with your application.

The Affidavit forms have been provided to you. Please distribute the forms to the necessary individuals for completion. Direct individuals to return completed, signed and acknowledged Affidavits directly to you. ***Do not submit application until all completed Affidavits have been returned to you.***

- 3) Application and Exam Fee must accompany application.

1. NAME _____

2. ADDRESS _____
(Street & Number)

_____ City State Zip Code

3. TELEPHONE: () _____ () _____

4. SSN: _____ - _____ - _____

5. Are you a US Citizen? YES _____ NO _____ If no, Please provide Employment Authorization Document (EAD)

6. Are you a licensed plumber in any city or state: _____ No _____ Yes

If yes, date first licensed _____ Type _____
(Attach a copy of original certificate or copy of current license)

7. Education (Attach copy of transcript from trade schools pertaining to the plumbing trade)

Trade School

Name and Location

Date of Attendance

_____ From: _____ / _____ To: _____ / _____

8. Number of years engaged in trade, business or calling of plumbing _____

9. Employment (five years immediately preceding the date of application; list all)

Employer

City

Phone Number

STATE OF NEW YORK)
COUNTY OF _____) ss.:

The applicant, being duly sworn, deposes and says that the statements subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this Application.

Applicant's Signature: _____ Date: ____/____/____

STATE OF NEW YORK)
COUNTY OF _____) ss.:

On the _____ day of _____, in the year 200____, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this _____ day
of _____, 200____

Notary Public/Commissioner of Deeds

My Commission Expires: _____

AFFIDAVIT

Two (2) Affidavits must be completed and signed by persons (**other than applicant or family members of applicant**), who reside in the City of Rome, indicating personal acquaintance with the applicant and attesting to applicant's good moral character and temperate habits.

1. In the Matter of the Application of _____
2. Your Name _____
3. Home Address (Street & Number) _____
- City _____ State _____ Zip Code _____
- Telephone _____

4. In answer to this question, please provide the following: 1) the length and nature of your acquaintance with applicant; 2) your opinion as to applicant's good moral character and temperate habits; and 3) the basis for your opinion:

STATE OF NEW YORK)
COUNTY OF ONEIDA) ss.:

I _____, being duly sworn, depose and say that the answers to the foregoing questions have been supplied by me and that the answers subscribed by me are true to my own knowledge.

Affiant's Signature: _____ Date: ____/____/____

STATE OF NEW YORK)
COUNTY OF ONEIDA) ss.:

On the _____ day of _____, in the year 200____, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this _____ day
of _____, 200____

Notary Public/Commissioner of Deeds

My Commission Expires: _____

AFFIDAVIT

Two (2) Affidavits must be completed and signed by persons (**other than applicant or family members of applicant**), who reside in the City of Rome, indicating personal acquaintance with the applicant and attesting to applicant's good moral character and temperate habits.

1. In the Matter of the Application of _____

2. Your Name _____

3. Home Address (Street & Number) _____

City _____ State _____ Zip Code _____

Telephone _____

4. In answer to this question, please provide the following: 1) the length and nature of your acquaintance with applicant; 2) your opinion as to applicant's good moral character and temperate habits; and 3) the basis for your opinion:

STATE OF NEW YORK)
COUNTY OF ONEIDA) ss.:

I _____, being duly sworn, depose and say that the answers to the foregoing questions have been supplied by me and that the answers subscribed by me are true to my own knowledge.

Affiant's Signature: _____ Date: ____/____/____

STATE OF NEW YORK)
COUNTY OF ONEIDA) ss.:

On the _____ day of _____, in the year 200____, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this _____ day
of _____, 200____

Notary Public/Commissioner of Deeds

My Commission Expires: _____

EMPLOYMENT AFFIDAVIT

In the Matter of the Application of: _____

Employer Name: _____ Telephone No. () _____

Business Address: _____
 Street Apt. or Suite No.

City	State	Zip Code
------	-------	----------

Immediate Supervisor to Applicant: _____ ☐ Licensed Journeyman
☐ Contractor ☐ Not Licensed

Plumbing performed: _____ Plumbing Repair Residential _____ Plumbing New Construction Commercial _____ Plumbing Maintenance
Plumbing Repair Commercial _____ Plumbing New Construction Residential _____ Sewer Cleaning

Date of Employment: / / Date of Separation: / /

Reason Employment Ended

STATE OF _____)
COUNTY OF _____) ss.:

I _____, being duly sworn, depose and say that the answers to the foregoing questions have been supplied by me and that the answers subscribed by me are true to my own knowledge.

Affiant's Signature: _____ Date: ____/____/____

STATE OF _____)
COUNTY OF _____) ss.:

On the _____ day of _____, in the year 200____, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this _____ day
of _____, 200_____

Notary Public/Commissioner of Deeds

My Commission Expires: _____

EMPLOYMENT AFFIDAVIT

In the Matter of the Application of: _____

Employer Name: _____ Telephone No. () _____

Business Address: _____

Street

Apt. or Suite No.

City

State

Zip Code

Immediate Supervisor to Applicant: _____

<input type="checkbox"/>
<input type="checkbox"/>

Licensed Journeyman Contractor ☐ Not Licensed

Plumbing performed: _____ Plumbing Repair Residential _____ Plumbing New Construction Commercial _____ Plumbing Maintenance
_____ Plumbing Repair Commercial _____ Plumbing New Construction Residential _____ Sewer Cleaning

Date of Employment: ____/____/____ Date of Separation: ____/____/____

Reason Employment Ended _____

STATE OF _____)
COUNTY OF _____) ss.:

I _____, being duly sworn, depose and say that the answers to the foregoing questions have been supplied by me and that the answers subscribed by me are true to my own knowledge.

Affiant's Signature: _____ Date: ____/____/____

STATE OF _____)
COUNTY OF _____) ss.:

On the _____ day of _____, in the year 200____, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this _____ day
of _____, 200____

Notary Public/Commissioner of Deeds

My Commission Expires: _____

EMPLOYMENT AFFIDAVIT

In the Matter of the Application of: _____

Employer Name: _____ Telephone No. () _____

Business Address: _____
 Street Apt. or Suite No.

City	State	Zip Code
------	-------	----------

Immediate Supervisor to Applicant: _____

<input type="checkbox"/>	Licensed Journeyman
<input type="checkbox"/>	Contractor
<input type="checkbox"/>	Not Licensed

Plumbing performed: _____ Plumbing Repair Residential _____ Plumbing New Construction Commercial _____ Plumbing Maintenance
 _____ Plumbing Repair Commercial _____ Plumbing New Construction Residential _____ Sewer Cleaning

Date of Employment: ____/____/____ Date of Separation: ____/____/____

Reason Employment Ended _____

STATE OF _____)
COUNTY OF _____) ss.:

I _____, being duly sworn, depose and say that the answers to the foregoing questions have been supplied by me and that the answers subscribed by me are true to my own knowledge.

Affiant's Signature: _____ Date: ____/____/____

STATE OF _____)
COUNTY OF _____) ss.:

On the _____ day of _____, in the year 200____, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this _____ day
of _____, 200

Notary Public/Commissioner of Deeds

My Commission Expires: _____

EMPLOYMENT AFFIDAVIT

In the Matter of the Application of: _____

Employer Name: _____ Telephone No. () _____

Business Address: _____
 Street Apt. or Suite No.

City	State	Zip Code
------	-------	----------

Immediate Supervisor to Applicant: _____ ☐ Licensed Journeyman
☐ Contractor ☐ Not Licensed

Plumbing performed: ☐ Plumbing Repair Residential ☐ Plumbing New Construction Commercial ☐ Plumbing Maintenance
☐ Plumbing Repair Commercial ☐ Plumbing New Construction Residential ☐ Sewer Cleaning

Date of Employment: ____/____/____ Date of Separation: ____/____/____

Reason Employment Ended _____

STATE OF _____)
COUNTY OF _____) ss.:

I _____, being duly sworn, depose and say that the answers to the foregoing questions have been supplied by me and that the answers subscribed by me are true to my own knowledge.

Affiant's Signature: _____ Date: ____/____/____

STATE OF _____)
COUNTY OF _____) ss.:

On the _____ day of _____, in the year 200____, before me, the undersigned, a Notary Public/Commissioner of Deeds in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Sworn to before me this _____ day
of _____, 200 _____

Notary Public/Commissioner of Deeds

My Commission Expires: _____